



# General Land Use Application

For use with all applications listed below

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Fee: \_\_\_\_\_

Planning Department

1208 S. Lundstrom, 13120 W. 13th, Airway Heights, WA., 99001 Phone: 509.244.2552 Fax: 509.244.4746

PROJECT NAME: \_\_\_\_\_

Application Type:

<input type="checkbox"/> Comp Plan/Zoning Amendment	<input type="checkbox"/> Long Subdivision (5-lots or more)	<input type="checkbox"/> Temporary Use Permit (TUP)
<input type="checkbox"/> Rezone	<input type="checkbox"/> Short Subdivision (4-lots or less)	<input type="checkbox"/> Conditional Use Permit (CUP)
<input type="checkbox"/> Administrative/SEPA Appeal	<input type="checkbox"/> Binding Site Plan (BSP)	<input type="checkbox"/> Variance
<input type="checkbox"/> Administrative Exception	<input type="checkbox"/> Mobile/Man. Home Park Creation	<input type="checkbox"/> Home Profession
<input type="checkbox"/> Sign	<input type="checkbox"/> Planned Unit Development (PUD)	<input type="checkbox"/> Other: _____

**\*\*ALL REQUIRED SUPPLEMENTAL INFORMATION MUST BE SUBMITTED ALONG WITH THIS APPLICATION\*\***

APPLICANT	LANDOWNER (if applicable)
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
E-mail: _____	E-mail: _____

SURVEYOR (if applicable)	AGENT (if applicable)
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
E-mail: _____	E-mail: _____

## DESCRIPTION OF PROPOSAL

Brief Description of Proposal (kind of use, # of units/lots, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

Will This Project be Completed in Phases:  Yes  No

Phasing Schedule: \_\_\_\_\_

**(Phasing plan must be shown on site plan or preliminary plat)**

PARCEL INFORMATION

Parcel Number (9-digit tax no.) \_\_\_\_\_ . \_\_\_\_\_ Parcel Size: \_\_\_\_\_ (sqft/acres)

Property Location (address): \_\_\_\_\_

Legal Description of Property (please provide proof of ownership): \_\_\_\_\_

Comprehensive Plan Designation: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Road(s) Serving the Property: \_\_\_\_\_ Road Frontage: \_\_\_\_\_ Ft.

Physical Description of the Site (slope, vegetation, etc.): \_\_\_\_\_

Topographical Features: \_\_\_\_\_

Natural or Man-made Limitations of the Site: \_\_\_\_\_

Existing Use:  Residential  Commercial  Industrial  Vacant

Existing Lot Coverage; Structures \_\_\_\_\_ %, \_\_\_\_\_ SqFt. Other: \_\_\_\_\_ %, \_\_\_\_\_ SqFt.

Existing Structures: \_\_\_\_\_

Existing Utilities:  City Water  City Sewer  Natural Gas  Phone  Electricity  Other: \_\_\_\_\_

Surrounding Land Uses:  Residential  Commercial  Industrial  Vacant

- All appropriate fees must accompany this application. Fees are non-refundable and subject to change. Please contact the Planning Department for current fee totals.
- This application must be completed in its entirety for all items applicable to your project.
- Supplemental information is generally required for land use approvals. Ensure that all required information is submitted along with this application form.

SIGNATURE

I, the undersigned, swear or affirm under penalty of perjury that the above responses are made truthfully and to the best of my knowledge. I further swear or affirm that I am the owner of record of the area proposed for the previously identified land use action, or if not the owner, attached herewith is written permission from the owner authorizing my action on his/her behalf.

Landowner/Applicant/Agent (attach Owner Consent Form if Req'd.) \_\_\_\_\_

Date \_\_\_\_\_

STAFF USE ONLY

Complete Application:  Yes  No

SEPA Required:  Yes  No

Comp. Plan Verified:  Yes  No

Hearing Date: \_\_\_\_\_

Zoning Verified:  Yes  No

Ownership Verified:  Yes  No

Legal Parcel:  Yes  No

Notes: \_\_\_\_\_

Use Allowed:  Yes  No

\_\_\_\_\_